

**Transportation External Coordination Working Group (TEC)**  
**February 6-7, 2001**

**Portland, Oregon**

**Training and Medical Training Issues**  
**Topic Group Meeting Summary**

**1. Federal Emergency Management Agency (FEMA) Pre-hospital Video**

Tom Hughes, Pennsylvania Emergency Management Agency (PEMA), on behalf of FEMA, presented their completed video tape on how to perform pre-hospital emergency medical services at the scene of an accident involving radiological material. Mr. Hughes reviewed the course goals, the four objectives, the target audience, the prerequisites, the appropriate class size, and the possible units/modules. Mr. Hughes explained the course will be piloted at the Emergency Management Institute. This is scheduled for May 2001. FEMA is looking for two additional states to participate in the pilot. After incorporating comments, the course will be distributed on compact disk in June 2001. The attendees viewed the video and provided the following comments:

- The Department of Transportation (DOT) Emergency Response Guidebook (ERG) should be the basis and the starting point of the response as most responders use it. (Craig)
- The probe cover should be removed. (Godwin)
- The effort to contact someone or other organization with a health physics background should be shown. (Godwin)
- The reference to "EPA protection limits" should be changed to "NRC guidelines". (Craig)
- The sequencing of patient care should show the person suffering from the most severe injuries receiving treatment first. (White)
- The firefighters don self-contained breathing apparatus (SCBA) while the emergency medical service (EMS) providers are shown in the incident area without SCBA. (White)
- The underlying assumptions about the risks related to radiation will scare ambulance crews. (Veerman)
- The surveying activities delay life saving activities for the critically wounded. This should be sequenced differently – patient care then surveying. (Lent)
- The video focuses on handling the radiological incident not in providing patient care. (Register)
- A disclaimer that directs the responder to use local protocols should be added. (Stoy)
- The fancy equipment used in the video discourages responders because they lack similar types of equipment. (Ruting)
- The prevailing choice for transportation routes is through rural areas where the responder may not have the latest equipment available or enough people who are properly trained to participate in the response. (Ruting)
- Nationally recognized organizations such as the International Association of Firefighters (IAFF), the American Nuclear Society, the National Association of Volunteer Firefighters, the Health Physics Society, and the CRCPD should be

included in the development and design phase of this tape and any others like it. (Craig, Ruting)

- The roles of the fire fighter and the EMS provider should be delineated in the video. (Register)
- The IAFF training related to infectious diseases and blood borne pathogens should be considered. (White)

## **2. Fundamentals Course for Radiological Response.**

Mr. Hughes presented the proposed training materials from FEMA which use a modular approach similar to the one used for the Modular Emergency Response Radiological Transportation Training (MERRTT). The course addresses “all hazards,” and will have a refresher component. Mr. Hughes reviewed the course purpose, objectives, duration, and the instructor qualifications. He mentioned the permission for guest lecturers to cover two small portions of the instruction. The pocket “Q&A” book was displayed and Mr. Hughes noted that FEMA has ordered additional copies to meet requests. The following notes the comments received on the course materials:

- Twenty-three hours of instruction is too long. (Ruting)
- Course materials appear to be targeted for a fixed facility versus a transportation audience. (Ruting)

## **3. Personnel Decontamination Procedure**

Ken Keaton reviewed the development of the draft decontamination paper that was distributed to the attendees and presented to the Federal Radiological Planning Coordination Committee (FRPCC) in January 2001. Initially, Bill Ruting had developed a straw man for discussion. Mr. Keaton found variations in decontamination procedures based on the type of equipment available. The assumptions underlying the procedure are highlighted on the first page and were discussed in detail. The assumptions are as follows:

- Instrumentation is not available at the scene of an incident
- Equipment is potentially contaminated
- People are trained properly
- Local organization will assist in determining “clean”
- Procedure can be modified
- Waste minimization process is important

The new procedure will be formatted in the same manner used for the TEPP model plans and procedures currently available on the web. Three options will be used: 1 – wet (typical); 2 – dry (remove clothing and segregate self until monitored); and 3 – decon with surveying (may deplete air supply in the SCBA). The discussion on the procedure dealt with its content and the need for retaining records for documenting exposures.

It was recommended the procedure include a flow chart to assist responders in understanding the process. The flow chart will be added in the next draft. The comments related to content focused on the use of SCBA. Mr. Veerman noticed the canister mask as being a secondary is not mentioned in the procedure. Mr. Craig referred to the ERG which does not mention the use of respiratory protection. Mr. Godwin agreed that without a fire, there wouldn't be respiratory concerns. Mr. Register said it was a

good practice to wear SCBA initially then dress down after surveying activities are completed.

The group requested the procedure refer to notifying the state public health experts. This contact should be made early in the process especially if the team does not have experience with radiological incidents. Most of the group members agreed the radiological incidents happen so infrequently that responders forget to call for additional support. Don Flater asked for the inclusion of the 32 agreement states and their phone numbers.

When Mr. Hughes suggested adding REACTS as a contact number, the group members had differing opinions. Mr. Hughes and Mr. White said their states may not be able to provide good, reliable assistance during a radiological incident. Mr. Flater said the call to REACTS should be a decision made by the state not by the on-scene responder.

The group members offered other emergency contact numbers. Mr. Ruting reminded the group of CHEMTREC. He recommended supplying them with a database of numbers to call as the responders are instructed to call them. Mr. Stoy preferred giving the responders as many numbers as possible. Mr. Keaton showed the contact list in FEMA's Q&A pamphlet. Mr. Godwin advocated using the list of numbers in the ERG and in the Q&A pamphlet. Mr. Keaton agreed to accept Mr. Craig's suggestion of explaining the resources that may be obtained from the emergency contact. Mr. Stoy supported using the contact numbers with a narrative.

Mr. White asked about the collection and retention of records for decontamination incidents. Mr. Keaton said a radiation detection form to document the survey results and identify the location of any contamination will be created. The form would feature a silhouette. This form would not be given to the patient. Mr. Craig recommended mirroring the documentation procedures used for chemical exposures.

Any additional comments on the procedure should be provided to Mr. Keaton by Monday, February 19, 2001. He will make changes then send another draft to the group. Ms. McNeil noted the decontamination procedure will be added to the TEPP web site under the TEPP planning tools after it is completed.

#### **4. Federal Compendium of Radiological Training**

Julia Phifer explained the layout of the compendium and described two methods for locating training in the compendium. The accompanying training matrix developed by FEMA was also described in detail. Interested group members picked up copies of the compendium on CD ROM after the meeting.

#### **5. TEPP Planning Tools**

Mr. Keaton demonstrated the information available on the TEPP web site. He showed the group how to access the TEPP Regional Coordinators contact information, the TEPP newsletters, the case histories, the MERRTT master schedule for train-the-trainer sessions, and the planning tools. He demonstrated how the removal of the cover page from the TEPP planning tool documents did not dramatically decrease the download times. Throughout the documents, the graphic images illustrate different sections and

require a longer download time. Mr. Flater said cost should be considered in the planning stages.

## **6. WIPP Medical Training**

Ron Macaluso introduced Tammy Ottmer who had recently sat through a training course presented by RMC. Ms. Ottmer noted that comments generated during previous reviews have not been completely incorporated; however, RMC has made improvements and is continuing to make revisions. The course is geared to those executing a hospital response to a radiological incident. The realism felt at REATCS cannot be duplicated in a hotel meeting room. RMC offers opportunities for customizing the training to meet specific audience needs. RMC permits the state to play an active role in determining the training outcomes. Mr. Hughes echoed Ms. Ottmer's conclusion that the training should be more function based. Representatives from Colorado and Arizona will continue to assist RMC in improving the quality of the training.

## **7. WIPP/MERRTT Merger**

Ms. McNeil stated the benefits of merging the two training programs was to reduce redundancy of training and the associated costs. A small Training Focus group (WIPP, HAMMER, TEPP Regions 2 & 3) began looking at how the material could be restructured to satisfy both program areas. The group agreed to maintain the current MERRTT format and structure. To highlight the modules' inherent flexibility, the modules were grouped by functional topic areas. The direct reference to OSHA competency levels was not included.

Ms. Phifer presented the results of the initial discussions with the Training Focus Group. The MERRTT objectives were compared to the eight objectives in Section 1 of the WIPP training. The Training Focus Group felt that with minor changes to MERRTT modules (1, 2, and 9) all WIPP objectives could be accommodated.

The Training Topic Group members did not feel it was appropriate to change the MERRTT materials to accommodate WIPP. They felt the changes could be handled through changes to the Instructor Manual. Some of the members felt moving around the modules violated the original structure of MERRTT. The proposed revisions would not meet intent to satisfy OSHA level requirements.

Mr. Ruting feels that all non-essential information should be stripped from the awareness level modules. The awareness level should be geared to what knowledge is needed to carry out the actions of the first on scene responder.

Mr. White reiterated that the presentation was a proposal and asked for clarification of the OSHA review of WIPP materials. Mr. Macaluso confirmed that the OSHA review would include the MERRTT materials when the merger was completed.

Ms. Minton mentioned her concern for emergency nurses. The proposed changes to the course may add too much complexity to the material. She agreed with Mr. Ruting that the awareness level should be kept to the lowest level of information.

Ms. McNeil restated that this was a proposed approach and asked Mr. Macaluso to explain the required sequencing of WIPP objectives. Mr. Macaluso explained WIPP classes cover all levels of competencies during training. The levels are not separated.

It was agreed the Training Focus Group would be expanded to include four volunteers (Tom Clawson, Bill Craig, Bill Lent, and Walt Stoy) from the Training and Medical Issues Topic Group. This group would also consider how to incorporate other training related to Mound, West Valley, and general rail shipments. HAMMER and WIPP were given the lead to work with the Training Focus Group to develop a path forward to merge the two training programs. The goal is to have a combined training program by the July TEC.

## **8. MERRTT Continuing Education Units**

Ms. McNeil reminded the group of HAMMER's efforts to obtain CEUs for MERRTT through the Washington State University. HAMMER mentioned that the CEUs turned out to be college credits not just CEUs. Dan Hoglund researched the CEU process and presented an overview of his findings to the group.

Mr. Hoglund explained the origination of CEUs in 1968 and the establishment of the Council of CEUs (renamed to IACET). More than 750 organizations and associations are members of the IACET. He described the two types of CEUs – traditional and IACET accredited. He provided detailed information on the 10 criteria used for establishing CEUs.

For the traditional CEUs, any organization can award CEU as long as they follow the specified criteria and guidelines. For the IACET accredited CEU, an organization receives permission to use the IACET logo and award CEUs. To receive the IACET accreditation, the organization undergoes an audit by the IACET. In either case, ten hours of instruction is equivalent to one CEU. Mr. Hoglund reviewed the cost associated with becoming an IACET approved CEU provider (\$300 to join, \$600 for five year membership, and \$2,000 for IACET audit visit). Mr. Hughes reminded the group of the costs associated with processing the paperwork to obtain CEUs.

The group discussed the benefits and drawbacks to using the IACET method for awarding CEUs. Mr. Hughes questioned the acceptance of CEUs without a logo. In Pennsylvania, CEUs are awarded through a local university. Without their logo, the CEUs may be questioned by some municipalities. Mr. Stoy said the IACET is not recognized in Pennsylvania.

The group suggested numerous methods for obtaining CEUs. Mr. Stoy recommended using a nationally recognized organization such as CEBEMS which has a lower fee. Mr. Hughes advocated HAMMER adding the traditional CEUs to the certificates they issue. Michael Lucey mentioned the American Council on Education, which serves as a training registrar for a small fee.

Mr. White restated two available options – CEUs through nationally accredited organization or through each state. For some states, the EMS personnel may not receive full credit for attending MERRTT. Mr. Godwin added clarification by noting licensed professionals need state approval of CEUs. The state licensing organization reviews

courses and approves the CEUs. This differs for volunteers who may receive credit for IACET approved or traditional CEUs.

Ms. McNeil agreed with Mr. Lent – each group member should ask their organization for a recommendation on how to proceed with obtaining CEUs. This topic will be discussed on the next conference call (March 21, 2001).

## **9. MERRTT Training Certificates**

Mark Askey distributed copies of the revised MERRTT training certificate. Three versions were developed to address the different training audiences – those attending MERRTT train-the-trainer sessions, those receiving instruction from a MERRTT qualified instructor, and those receiving instruction through their state or local municipalities. Mr. Lent asked for the addition of FEMA's logo when they fully accept MERRTT. He also recommended a MERRTT patch. Mr. Hughes echoed that the patch would be great for instructors.

## **10. MERRTT Video Segments**

Mr. Keaton described the process of collecting video segments from the FEMA training video. The segments would be used to supplement MERRTT instruction or used to highlight specific objectives. The selected segments may be placed on a CD ROM or a video tape. The segments would be optional. After presenting the videos, the following comments were provided:

- The shipping papers are in the wrong place. (Godwin)
- The videos produced for the first five modules are preferred to the video segments.(Veerman)
- The segments depict actions that should not occur in the various zones. (Lent)
- The audio clip should be revised. (Clawson)
- The videos produced by other agencies should be used too. (Veerman)
- Good concept; however, the content needs to be changed. (Lent)
- The segments increase the instructor's aids. (Clawson)
- The items should be blended together better. (Veerman)

Based on this discussion, Ms. McNeil agreed to develop the video segments further as MERRTT is revised.